

Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

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Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24. Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

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Establishme	_	_		Telephone Number	Date of Inspection (mm/dd/yr) (0/11/2019 19-86		
DONUM	Vei !	<u>B~</u>	mber and street, city, state, zip code)	812 - 540 - 2478			
Establishme	ent Addre:	s (nu	mber and street, city, state, zip code)		ןיוןט	2019	, , ,
	<u>להיכל</u>	ìne	R1 (No. 3) New Albert, IN 47150	502-541- 2950	,	:	
Owner	_		•	Purpose:	Follow-u		, and the second
		بلم	d Ohy	1. Routine	No	70	DAY
Owner's Ad			Professional Control of the Control	2. Follow-up	Summary	of Violation	18 ;
Person in C		<i>y</i>	New Albay, IN 4715D	3. Complaint			
1 1	Cosk	ı		4. Pre-Operational	C 1 NC 3 R 2		
Responsible			11	5. Temporary	Menu Type (See back of page)		
			•	6. HACCP		A (MEC CHELL	. S. 1 48 9
Certified Fo	ood Mana	ger	 	7. Other (list)	1 2	X 3	4 5
Richard		•	11/08/2019)				_ "
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"							
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"							
Section#	C/NC	R	Narrative		To Be Corrected By		
128	_ C	-	Observed PIC defing hands with comm.	ra tovel		Corr	
347	NC		Observed bor handrink nithant disposable hand Light provisions Corrected				
416	Νζ	R	Observed dand buys in Bot lights	stills / foyer light	shelds	1 We	ele
430	NC		Observed the following bilding repor			1 we	k
-			1) Light out in BOH			_	1
			1	20H		-	
	-		e) Shined or missing willing tiles	1A PULL		:	
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Received by (name and title printed): Inspected by (name and title printed):							
Justin Coste 1/0 (EHS)							
Received by	y (signature)/) - 7/ V	Inspected by (signature):			
1/him latt							
cc: cc: cc:							
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